



NOTICE OF VOLUNTARY TEMPORARY CLOSURE

I, _____ (Name), Certified Child Care Provider, located at
_____ (Address) request to temporarily
close my child care program.

The reason for this temporary closure is:

My child care program will close as of _____ (Date), at _____ (Time) and will
tentatively reopen on or about _____ (Date).

I understand and acknowledge:

1. I will not be caring for day care children.
2. DCF CBU will continue to conduct required background checks on individuals subject to the Child Care Background Check Law.
3. I am required to submit Background Check Request Forms for individuals subject to the Background Check Law.
4. I am required to report individuals moving in/out of the home.
5. I am required to report any changes to my physical address or phone number.
6. I am required to report any incident involving law enforcement, child protective services contact, and any pending charges/convictions of any individual subject to the Background Check Law.
7. The temporary closure cannot exceed 365 days.
8. I must contact 4-C with the official reopening date and an on-site monitoring visit must be conducted prior to reopening.

Certified Provider Signature

Date

4-C Certification Staff Signature

Date